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CONFIRMATION NO. 2869

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** CONTINUING DATA *****

This application is a CON of 09/448,330 11/22/1999 ABN
which is a DIV of 09/001,157 12/30/1997 PAT 5,989,553 * ← OK.
which is a DIV of 08/421,155 04/07/1995 PAT 5,703,057
(*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature	Initials		

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TITLE

Expression library immunization

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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